

FEE TRANSMITTAL for FY 2003

<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27		Art Unit
Total Amount of Payment	(\$1650.00)	Attorney Docket No.

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES				

Deposit Account:		Large Entity	Small Entity	Fee Description	Fee Paid
Deposit Account Number	19-1025				

Deposit Account Name	Pharmacia Corporation				
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The Commissioner is authorized to: (check all that apply)					
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<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Credit any overpayments				
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<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
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FEE CALCULATION					
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1. BASIC FILING FEE					
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Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
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1001	750	2001	375	Utility filing fee	750
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1002	330	2002	165	Design filing fee	
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1003	520	2003	260	Plant filing fee	
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1004	750	2004	375	Reissue filing fee	
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1005	160	2005	80	filings fee	
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SUBTOTAL (1)					750
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
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		Extra Claims	Fee from Claims below	Fee Paid	
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Total Claims	70	-20**=	50	x	18 = 900
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Independent Claims	3	-3**=	0	x	0 = 0
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Multiple Dependent					=
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** or number previously paid, if greater, For Reissues, see below					
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Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
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1202	18	2202	9	Claims in excess of 20	
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1201	84	2201	42	Independent claims in excess of 3	
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1203	280	2203	140	Multiple dependent claim, if not paid	
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1204	84	2204	42	**Reissue independent claims over original patent	
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1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
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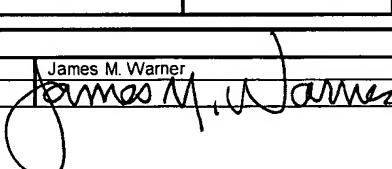
SUBTOTAL (2)		(\$)	1650.00		
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*Reduced by Basic Filing Fee Paid					
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SUBTOTAL (3) (\$)					
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SUBMITTED BY					
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Name (Printed/Type)	James M. Warner		Complete (if Applicable)	Reg. Number	45,199
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Signature			Date	July 25, 2003	Telephone	314-274-3642
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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): David W. Robertson

Docket No.

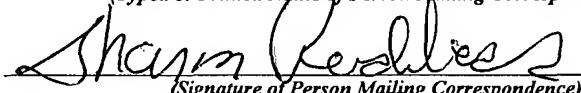
S0 3585/08

Serial No.
TBAFiling Date
TBAExaminer
TBAGroup Art Unit
TBAInvention: **AMYLOID IMMUNIZATION AND COX-2 INHIBITORS FOR THE TREATMENT OF ALZHEIMER'S DISEASE**

I hereby certify that the following correspondence:

**Application Data Sheet (1); Utility Application Transmittal (1); Fee Transmittal-duplicate (2); Specification (165);
Return post card***(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 25, 2003
*(Date)***Sharon Rudebeck***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EV325048550US***("Express Mail" Mailing Label Number)*

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